

Using the “SIR - FacWideIn CDI LabID Data for CMS IPPS” Output Option

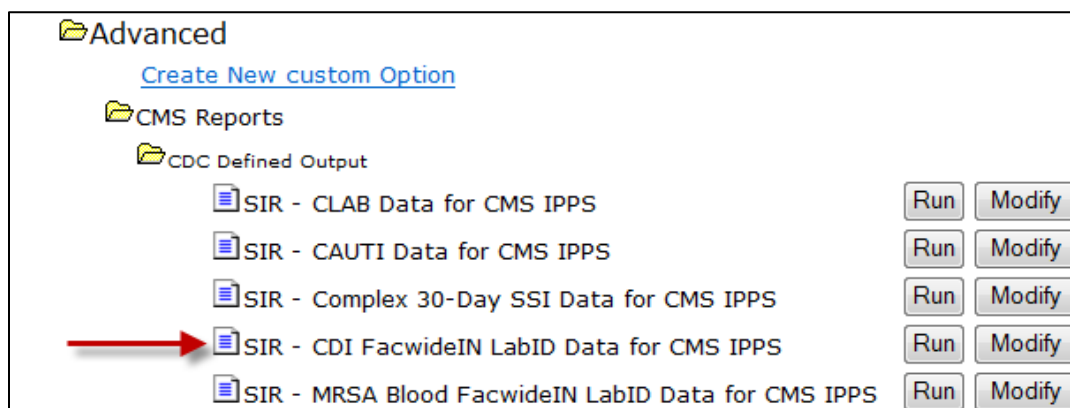
The NHSN Analysis Output Option, “SIR – FacWideIn CDI LabID Data for CMS IPPS” was created in order to allow facilities to review those CDI data that would be submitted to CMS on their behalf. It’s important to keep in mind the following as you begin to use this report:

- a. These data will only be submitted for those facilities that are participating in the CMS IPPS Hospital IQR Program, as indicated by their CCN recorded in NHSN.
- b. This report will only include **in-plan FacWideIn CDI LabID data beginning with 2013 data**. Earlier years for which you may have reported CDI data will not be included in this output.
- c. **IMPORTANT!** Facilities must appropriately **Report No Events** for those FacWideIn months for which no CDI LabID events were identified.
- d. This output option represents an SIR for each hospital, not each CCN. If your hospital shares a CCN, this SIR will only represent the data that your hospital has contributed to the overall SIR for all hospitals that share the CCN. You may wish to use the Group feature in NHSN to obtain a single SIR for all the hospitals that share a CCN. More information about the Group feature can be found here: <http://www.cdc.gov/nhsn/group-users/index.html>.
- e. The data in this report will represent data current as of the last time you generated datasets. Note that data in the Provider Participation Report are not updated simultaneously with your data in NHSN. Data changes made in NHSN will be reflected in the next monthly submission to CMS. **EXCEPTION:** Quarterly data are frozen as of the final submission date for that quarter (e.g., Q1 data will be frozen as of 1am ET on August 16th); any changes made to these data in NHSN after the final submission deadline will not be reflected in later months on the Provider Participation Report or on Hospital Compare. If you have specific questions about the data appearing on your APU dashboard, please contact your QIO or the QIOSC at hrpqiosc@iaqio.sdps.org.
- f. To learn more about the standardized infection ratio (SIR) as it pertains to CDI data, please see: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf>.
- g. The information in this document should be used in conjunction with the document, “How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and C. difficile LabID events for the CMS Inpatient Quality Reporting Program”, available at: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf>

Example of the “SIR – FacWideIN CDI LabID Data for CMS IPPS”: Interpretation and Data Checking

Before running this output option, remember to generate your datasets for the most up-to-date data reported to NHSN by your facility! To generate datasets, go to Analysis > Generate Data Sets, then click “Generate New”.

1. After selecting Analysis > Output Options, navigate through the following folders: Advanced > CMS Reports > CDC-Defined Output. Click “Run” next to “SIR – FacWideIN CDI LabID Data for CMS IPPS”, as shown below:



2. By default, the results will appear in an HTML window. If a second window does not pop-up, please be sure to check your pop-up blocker and allow pop-ups from *.cdc.gov.

Within the output, there may be multiple tables, each described below.

i. SIR – CDI FacwideIN LabID Data

The first table represents an overall, single SIR for your facility, per calendar-year quarter. This is the information that will be submitted to CMS for each IPPS-participating facility, as indicated by the facility's CCN.

Org ID	Location	Summary Yr/Qtr	Months	CDIF Facility Incident HO LabID Event Count	CDIF Facility Incident HO LabID Number Expected	Patient Days	SIR	SIR p-value	95% Confidence Interval
10578	FACWIDEIN	2013Q1	3
10578	FACWIDEIN	2013Q2	3	37	34.857	42538	1.061	0.3804	0.747, 1.463

ii. CDI Quarters with Outlier Prevalence Rate

The second table may appear if there are any quarters in which the community-onset (CO) prevalence rate is considered an outlier. The number of expected infections, and thus the SIR, cannot be calculated in such instances. However, in order to signify compliance with the reporting requirements, the quarter will appear in the first table with the number of months indicated.

Org ID	Location	Summary Yr/Qtr	CDIF CO Admission Prevalence LabID Count	Admissions	CDIF Facility CO Prevalence Rate
10587	FACWIDEIN	2013Q1	3	148	2.027

Using the above tables, one can conclude the following:

- a. During the first quarter of 2013, three months of data were submitted, however, the prevalence rate for that quarter (2.027) is considered an outlier and therefore, the number of expected infections and the SIR cannot be calculated for this quarter.
- b. During the second quarter of 2013:
 - i. The facility identified 37 incident, healthcare facility onset (HO) CDI LabID events among 42,538 patient days.
 - ii. The number of expected incident, HO CDI LabID events was 34.857.
 - iii. The SIR for CDI LabID events during this time period is 1.061, indicating that this facility observed approximately 6% more of these events than expected.
 - iv. Based on the p-value and the 95% confidence interval, the SIR for CDI LabID events is not statistically significantly different than the nominal value of 1.
3. What can be done if a quarter does not appear in the table or if the data are inaccurate?
 - i. Check that the summary data for the FACWIDEIN location have been entered for each month in the quarter and double-check the accuracy of these data, which includes patient days and admissions.
 - ii. If summary data have been entered, double-check your monthly reporting plan for each month in the quarter. Check to make sure that CDI LabID surveillance is included in your monthly reporting plan for the location FACWIDEIN.
 - iii. If summary data have been entered and no CDI LabID events have been identified, be sure to check the 'Report No Events' box on the summary record or through the "Missing Events" alerts tab.

- iv. If the number of infections is less than you reported *and* you've confirmed that the summary data have been entered in-plan, double check the CDI LabID events in NHSN using the CDI LabID events line list.

REMEMBER: If you have made any changes to your data, regenerate your datasets in order to review your output options with the most up-to-date data in NHSN.